

PREPARED BY AND RETURN TO:
TAYLOR, JONES, ALEXANDER & SORRELL, LTD.
ATTORNEYS AT LAW, P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300
File #7594-03

BK 0451 PG 0190
STATE MS.-DESOTO CO.
FILED

AUG 22 11 14 AM '03 *me me*

BK 451 PG 190
W.F. DAVIS CH. CLK.

MIMI SANDLIN
GRANTOR(S)

WARRANTY

TO

DEED

VAL HARMON, a
Single Person
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, MIMI SANDLIN do hereby sell, convey, and warrant unto VAL HARMON, a Single Person the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 21, Section "A", HOYTE AUSTIN LAKES SUBDIVISION, located in Section 6, Township 2 South, Range 8 West, DeSoto County, Mississippi as per plat recorded in Plat Book 3, Pages 8-10 in the Chancery Clerk's Office of DeSoto County, Mississippi.

PARCEL NO. 2083-0601.0-00021.00

The above property is the same property conveyed to J. B. Sandlin and wife, Mimi Sandlin by Warranty Deed of record in Book 197, Page 519 in the Chancery Clerk's Office of DeSoto County, Mississippi. The Grantor herein also conveys the above described property as sole survivor of J. B. Sandlin who passed away on April 15, 2001.

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record, rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2003 have been prorated as of this date based on the previous year and are to be paid by the Grantee.

Possession is to be given on delivery of this Warranty Deed.

WITNESS my signature(s), this the 19th day of August, 2003.

Mimi Sandlin
MIMI SANDLIN

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named MIMI SANDLIN who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 19th day of August, 2003.

My Commission expires:

MY COMMISSION EXPIRES SEPT 7, 2003

PROPERTY ADDRESS: 5694 HIGHWAY 301, WALLS, MS. 38680

Grantors Address:
3003 HWY 51 N.-LOT 49
Nesbit, Ms. 38651
Res#662-429-5324
Bus#662-429-5324

Grantees Address:
5694 Highway 301
Walls, Ms. 38680
Res# 901-351-0141
Bus#901-362-0100

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0451PG0191

TYPE, OR PRINT WITH BLACK INK FILING DATE MAY 14 2001 CERTIFICATE OF DEATH STATE FILE NUMBER 123-01-009683

DECEASED		1. NAME First Middle Last JOHNNIE BASIL SANDLIN		2. SEX MALE	3a. HOUR OF DEATH 10:38A	3b. DATE OF DEATH (Month, Day, Year) APRIL 15, 2001
4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 62 Years		5b. MOS 62	5c. DAYS 62	5d. HOURS 62
7a. CITY OR TOWN OF DEATH WALLS		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) 5694 HWY 301		7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR LOCA.	8. STATE OF BIRTH MS	
9. DECEASED'S EDUCATION (Specify only highest grade completed) Elem/High School College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) MINI JOHNSTON		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 426-66-8542		15a. USUAL OCCUPATION (Kind of work done, most of working life) SECURITY SUPERVISOR		15b. KIND OF BUSINESS OR INDUSTRY FLEMING FOODS
16a. RESIDENCE—STATE MS		16b. COUNTY DESOTO	16c. CITY OR TOWN WALLS	16d. INSIDE CITY LIMITS (Specify Yes or No) NO	16e. STREET AND NUMBER OR RURAL LOCATION 5694 HWY 301	
PARENTS		17. FATHER—NAME First Middle Last CLIFFORD SANDLIN		18. MOTHER—NAME First Middle Maiden IRENE SULLIVAN		
INFORMANT		19a. INFORMANT—NAME (Type or print) MINI J. SANDLIN		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5694 HWY 301, WALLS, MS 38680		
DISPOSITION		20a. BURIAL, CREMATION, BURIAL (Specify) BURIAL	20b. CEMETERY, CREMATORY—NAME FOREST HILL SOUTH	20c. LOCATION (City and State) MEMPHIS, TN	21a. EMBALMER—SIGNATURE AND NUMBER ROY BLAYLOCK 3586	
		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH 920		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES ROAD, MEMPHIS, TN 38118		
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Nancy Richardson, R.N.		22b. PRONOUNCED DEAD (Month, Day, Year) ON April 15, 2001	22c. PRONOUNCED DEAD (Hour) At 11:30A	
CERTIFIER		23a. CERTIFIER—NAME (Type or print) JEFFERY POUNDERS, CORONER		23b. MAILING ADDRESS (Street, and number or route and box number, City or town, State, ZIP code) 4942 POUNDERS RD., NESBIT, MS. 38651		
This section is to be completed by physician if NOT a medical examiner		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE		MD	24b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE	
		24c. DATE SIGNED (Month, Day, Year) April 15, 2001		24d. STATE LICENSE NUMBER		24e. TITLE DESO CMEI
		24f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year) April 25, 2001		
CAUSE OF DEATH		25. PART I: DEATH CAUSED BY (a) IMMEDIATE CAUSE (Enter one cause only) Cancer Of Lungs		Interval between onset and death		
		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death		
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death		
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES		
Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION	Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. M.D.
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

SEP 12 2001

WARNING:

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